

PARCHMENT REPLACEMENT/REPRINT REQUEST FORM

Fill out this form and email to **transcripts@cbu.ca**, fax to **(902) 563-1371** or mail to the address at the top of this page.

STUDENT INFORMATION

Student Name: _____ Student ID: _____

Please select the language to appear on your parchment: English French Gaelic Mi'kmaq

REPRINT INFORMATION

Reason for reprint request: replace lost parchment correct mistake on original parchment acquire an additional parchment

*Please print your name as it **originally appeared** on your parchment:*

first name: _____ middle name: _____ last name: _____

*If there was an error in your name, please enter it as it **should appear** on your replacement parchment:*

first name: _____ middle name: _____ last name: _____

Credential: _____ *Date of Conferral:* _____

Parchment Replacement Fee \$50.00

DELIVERY INFORMATION

Indicate method of delivery: mail pick-up Express Shipping \$25.00 International Shipping \$50.00

Note: This form must be accompanied by the fees listed above. Instructions for payment options can be found at www.cbu.ca/payment-options.

Mailing or courier delivery address: _____

Phone number: _____ Email: _____